

228023

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe d. o. e's Limo

David P. Shamblen

Diamond Dave Taxi C.C.C.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 61 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: David Shamblen

Telephone: 803-640-9441

Address: 1696 Richland Ave E.

Fax:

Aiken, S.C. 29801

Other:

Email: Info@aiken-taxi.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: February 9, 2011

CLASS C - CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann. § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Diamond Dave Taxi L.L.C.

1696 Richland Ave E. Aiken, S.C. 29801
Street Address of Applicant

Mailing Address of Applicant if different from street address

803-640-9441

Phone

Fax

Info@aikentaxi.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership List names and address of all person having an interest in the business.

☐ Corporation List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month February Year 2011

Assets:

Cash	1200.00
Receivables	0
Real Estate	
Buildings and Equipment (Net)	0
Motor Vehicle (Net)	0
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplier's Accounts Payable	0
Prepaid and Other Assets	0
Total Assets	1200.00
Liabilities and Equity:	
Accounts Payable	2500.00
Notes Payable	0
Mortgages Payable	0
Equipment Liabilities	400.00
Accrued Salaries and Wages	0
Other Accrued Liabilities	0
Other Liabilities	0
Total Liabilities	2900.00
Capital Stock	0
Retained Earnings	0
Total Equity	4100.00
Total Liabilities and Equity	4100.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

2.00 pickup

2.10 per mile

Counties to be Served:

Aiken, Lexington, Columbia, ~~W. Columbia~~, Saluda,
Charleston, Edgefield

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

DIAMOND DAVE TAXI, LLC

Name of Motor Carrier

1696 Richland Ave. East, Aiken, S.C. 29801

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 9342.⁰⁰

Limits 50/100/50

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

CANAL INSURANCE COMPANY

Name of Insurance Company

P.O. Box 7, Greenville, S.C. 29601

Home Office Address of Company

I am familiar with the Commissioner's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/3/11

Date

G. R. O'NEILL

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to re-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 55-4-60 and 55-21-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8450.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Workers' Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$400,000; 2) agree to pay a yearly self-insurance tax; and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.scstate.sc.us/self-insurance.

Exhibit FWA

Liquid Shambles

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carriers in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV from the DMV of the state in which the driver is or has been domiciled for such period must be maintained at the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to persons who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Aiken

David Shamblen

Applicant's Signature

I, David Shamblen, owner

Name of Applicant's Representative

Title

of Diamond Daws Taxi LLC.

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

David Shamblen

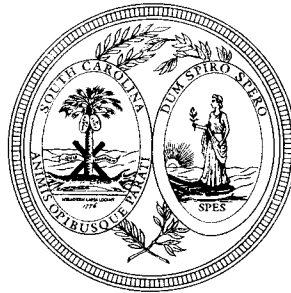
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 14th day of February, 2011

Stephane L. Mitchell
Notary Public

Commission Expires MY COMMISSION EXPIRES JUNE 18, 2017.

The State of South Carolina



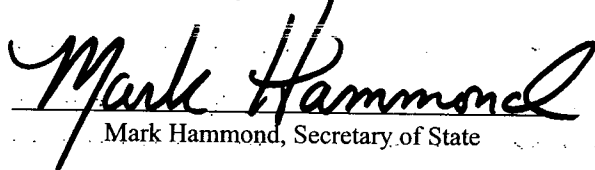
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DIAMOND DAVE TAXI, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 9th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
9th day of February, 2011.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

FEB 09 2011

TYPE OR PRINT CLEARLY IN BLACK INK

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Diamond Dave Taxi, L.L.C.

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1696 Richland Ave E.

Street Address

Aiken

S.C.

29801

City

Zip Code

3. The initial agent for service of process is

David Shambler

Name

David Shambler

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1696 Richland Ave E.

Street Address

Aiken

S.C.

29801

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) David Shambler

Name

1696 Richland Ave E.

Street Address

Aiken

City

S.C.

State

29801

Zip Code

(b)

Name

Street Address

City

110209-0118

FILED: 02/09/2011

DIAMOND DAVE TAXI, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

lina
2009

Name of Limited Liability Company Diamond Dave Tax LLC.

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) David Shembler
Name
1696 Richland Ave E
Street Address
Aiken S.C. 29801
City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

David Shembler
Signature of Organizer

Feb 9, 2011
Date

Signature of Organizer

Date

Diamond Dave Taxi, LLC
1696 Richland Ave. E.
Aiken, SC 29801
(803)640-9441

02/04/2011

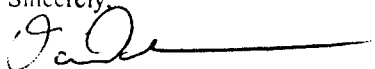
To: Trisha:

Diamond Dave Taxi, LLC. Is requesting an expedited application process.

The reason for this request is due to the fact of buying an existing business and already has customer accounts and contracts. I am requesting Public Service Commission to please expedite this application to operate.

Thank You for your assistance in the matter.

Sincerely,



David P. Shamblen
Diamond Dave Taxi, LLC

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